Office of the Secretary of State Building 1 Suite 157-K 1900 Kanawha Blvd E. Charleston, WV 25305

RORY L. PERRY II Sidney L. Christie Federal Bldg. 845 Fifth Avenue, Room 101 Huntington, WV 25701



Mac Warner

Secretary of State State of West Virginia Phone: 304-558-6000

886-767-8683 Visit us online: www.wvsos.com



Control Number: 258359

Defendant: WEST VIRGINIA DEPARTMENT OF

HEALTH & HUMAN RESOURCES, BUREAU FOR CHILDREN AND

FAMILIES

350 CAPITOL STREET

SUITE 350

CHARLESTON, WV 25301 US

Agent: B ALLEN CAMPBELL, SENIOR

ASSISTANT ATTORNEY GENERAL

County: Federal

Civil Action: 3:17-01362

Certified Number: 92148901125134100002714458

Service Date: 6/5/2020

I am enclosing:

1 subpoena

which was served on the Secretary at the State Capitol as your statutory attorney-in-fact. According to law, I have accepted service of process in your name and on your behalf.

Please note that this office has no connection whatsoever with the enclosed documents other than to accept service of process in your name and on your behalf as your attorney-in-fact. Please address any questions about this document directly to the court or the plaintiff's attorney, shown in the enclosed paper, **not to the Secretary of State's office**.

Sincerely,

Mac Warner Secretary of State

Mac Warner

AO 88A (Rev. 02/14) Subpoena to Testify at a Deposition in a Civil Action

ONITED STATES DI	STRICT COURT
Southern District of W	Vest Virginia
City of Huntington; Cabell County Commission	
Plaintiff)	Civil Action No. 3:17-01362; 3:17-01665
AmerisourceBergen Drug Corporation, et al.)	Civil Action No. 3:17-01362; 3:17-01665
Defendant)	
SUBPOENA TO TESTIFY AT A DEPO	DSITION IN A CIVIL ACTION
To: West Virginia Department of Health & Human R c/o B. Allen Campbell, Senior Assistant Attorney Ge (Name of person to whom the	eneral, 350 Capitol St., Suite 350, Charleston, WV
deposition to be taken in this civil action. If you are an organization managing agents, or designate other persons who consent to te those set forth in an attachment: See attached Defintions, Instructions and Areas of Examination.	tion, you must designate one or more officers, directors
Place: Jackson Kelly PLLC 500 Lee Street East, Suite 1600 Charleston, WV 25301	Date and Time: 07/01/2020 9:00 am
The deposition will be recorded by this method: Teleco	onference before a Court Reporter.
☐ Production: You, or your representatives, must also brin electronically stored information, or objects, and must pe material:	ng with you to the deposition the following documents, ermit inspection, copying, testing, or sampling of the
The following provisions of Fed. R. Civ. P. 45 are attache Rule 45(d), relating to your protection as a person subject to a sub respond to this subpoena and the potential consequences of not do	bpoena; and Rule 45(e) and (g), relating to your duty to
Date:06/01/2020 CLERK OF COURT	
CLERK OF COOK!	OR /s/ Gretchen M. Callas
Signature of Clerk or Deputy Clerk	Attorney's signature
The name, address, e-mail address, and telephone number of the a	attorney representing (name of party) All Defendants
AmerisourceBergen Drug Corporation, Cardinal Health, Inc., and McKesson Co	rporation, who issues or requests this subpoena, are:
See Attached List of Counsel for Defendants	

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

AO 88A (Rev. 02/14) Subpoena to Testify at a Deposition in a Civil Action (Page 2)

Civil Action No. 3:17-01362; 3:17-01665

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

on (date)			
☐ I served the su	bpoena by delivering a copy to the na	amed individual as follows:	
		on (date) ; or	
☐ I returned the	subpoena unexecuted because:		
\$			
	 		
	for travel and \$	for services, for a total of \$	0.00
	for travel and \$	for services, for a total of \$	0.00
My fees are \$			0.00
My fees are \$	for travel and \$nalty of perjury that this information		0.00
My fees are \$ I declare under pe			0.00
My fees are \$ I declare under pe		is true.	0.00
My fees are \$ I declare under pe			0.00
My fees are \$ I declare under pe		is true. Server's signature	0.00
My fees are \$ I declare under pe		is true.	0.00
My fees are \$ I declare under pe		is true. Server's signature	0.00
My fees are \$		is true. Server's signature	0.00

Additional information regarding attempted service, etc.: